

STUDENT'S LEGAL NAME: _____ **OTHER NAME(S):** _____ **GRADE:** _____

SCHOOL OF ENROLLMENT: HECK/QUAW RIDGEVIEW SADDLE PEAK MIDDLE HIGH
(PLEASE CIRCLE ONE)

HOME ADDRESS: _____ **CITY:** _____ **ZIP:** _____
(STUDENT ELIGIBILITY FOR SCHOOL BUS SERVICE IS BASED ON PRIMARY HOME OF RECORD)

MAILING ADDRESS: _____ **CITY:** _____ **ZIP:** _____
(IF DIFFERENT THAN HOME ADDRESS)

DAYCARE ADDRESS: _____ **DC NAME:** _____ **DC PHONE:** _____
(BUS FEE MAY APPLY FOR TWO OR MORE BUS ASSIGNMENTS)

HOME PHONE: _____ **WORK:** _____ **WORK:** _____ **CELL:** _____ **CELL:** _____
(MOM) (DAD) (MOM) (DAD)

STUDENT'S MEDICAL CONDITION(S): _____
(LIST ANY MEDICAL CONDITIONS THAT THE BUS DRIVER SHOULD BE AWARE OF)

REQUESTED START DATE: _____ **SERVICE TYPE:** AM / PM / Both Ways / Occasional
(BUS DRIVER WILL CALL TO CONFIRM START OF SERVICE) (PLEASE CIRCLE ONE)

PARENT/GUARDIAN NAME: _____ **PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____
MOM: _____ (PLEASE PRINT) _____ (REQUIRES AT LEAST ONE PARENT/GUARDIAN SIGNATURE) _____

DAD: _____ (PLEASE PRINT) _____

(TO BE FILLED OUT BY BUS DRIVER OR STUDENT TRANSPORTATION DEPARTMENT)

HOME ROUTE #: _____ **ROUTE SYMBOL:** _____ / **TRANSFER SYMBOL:** AM _____ **PM:** _____

DC ROUTE #: _____ **ROUTE SYMBOL:** _____ / **TRANSFER SYMBOL:** AM _____ **PM:** _____